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The mortality figures for Bombay city are as follows:

	Week ended—		Average of same	Week ended—		Average of same
	Feb. 28, 1905.	Mar. 1, 1904.	weeks 1900–1904.	Mar. 7, 1905.	Mar. 8, 1904.	weeks 1900–1904.
Plague deaths Plague mortality Smallpox deaths. Cholera deaths Total deaths Total mortality	$\begin{array}{c} 769 \\ 51,53 \\ 148 \\ 0 \\ 1,726 \\ 115,65 \end{array}$	832 55, 75 14 0 1, 420 95, 15	974 65. 26 71 4 2, 073 187. 29	$\begin{array}{c} 860 \\ 57.62 \\ 186 \\ 0 \\ 1,812 \\ 121.42 \end{array}$	968 64. 86 19 1 1,574 105. 77	1,016 68.08 78 5 2,103 139.27

Progress of plague.

Plague in the Bombay Presidency, June, 1904, to January, 1905.

	Attacks.	Deaths.
June 1 to November 30, 1904. December, 1904 January, 1905	181, 376 28, 251 19, 624	132, 179 21, 684 14, 814
Total for 8 months. Total, 1896 to May, 1904	229, 251 1, 552, 142	$ \begin{array}{r} \hline 168,677 \\ 1,175,645 \end{array} $
Total since outbreak of plague	1,781,393	1, 344, 322

Below are given figures showing the progress of plague in certain districts and towns of the Presidency:

Deaths from plague, districts of Bombay Presidency, 1904-5.

District.	November.	December.	January
Ahmedabad	109	41	11
Kaira	406	271	2
Surat	473	374	2
Khandesh	966	886	ç
Nasik	2,404	1,396	1
Poona	494	440	:
Satara	6,774	4, 381	1.
Sholapur	773	546	· (
Ahmednagar	1,204	780	
Belgaum	2,686	1,613	,
Dharwar		1,672	1,
Bijapur	4,095	2,661	1,
Kolhapur	3,852	2,955	2,
Kathiawar		160	· .
Baroda	709	548	
Satara Agency	587	221	

It will be observed that through January there is on the whole a definite decrease in plague deaths. In a few of the districts there was practically a stationary figure in December and January, while in two districts there is a slight increase.

For Bombay City the record is not so good, while in Karachi and Aden there is also a rise.

The figures for the chief towns are as follows:

Deaths from plague, 1904-5.

		December.	January.
Bombay City Karachi City Poona City Aden	285 44	411 169 1,448 146	1,076 233 744 422

Below are given the figures for Bombay City, Bombay Presidency, and all India, week by week since January 1, 1905.

Deaths from plague—weekly record since January, 1905.

Week of—	Bombay City.	Bombay Presidency.	All India.
January 7 January 14 January 21 January 28 February 4 February 11 February 18 February 25	192 261 386 395	3, 310 3, 137 3, 256 3, 669 3, 596 3, 316 3, 190 3, 193	24, 385 25, 719 28, 104 33, 087 36, 117 33, 660 27, 837 29, 465

It will thus be seen at a glance that the curve for Bombay City is totally different from that of the Presidency as a whole or of all India. In the other towns of the Presidency plague is somewhat on the decline during February and March, while in the city itself, there will be a steady rise through April, judging from past experiences.

Report from Calcutta—Inspection of vessel—Cholera and plague mortality—Relation between epizootic and epidemic plague.

Acting Assistant Surgeon Eakins reports, March 9, as follows:

During the week ended March 4, 1905, bill of health was issued to the steamship *Reichenfels* bound to Boston and New York with a total crew of 55. The usual precautions were taken, holds fumigated, rat guards placed on wharf lines, and Lascars effects were disinfected.

During the week ended March 4, 1905, there were 39 deaths from

cholera and 213 deaths from plague in Calcutta.

In Bengal during the week ended February 25, 1905, there were 5,661 cases and 5,044 deaths from plague.

Relation between epizootic and epidemic plague.

In India during the week ended February 25, 1905, there were

34,154 cases and 29,465 deaths from plague.

The results of Doctor Hunter's recent researches into the relationship between epizootic and epidemic plague in Hongkong tend strongly to confirm Captain Liston's theory, a résumé of which I had the honor of forwarding December 16, 1904 (see Public Health Reports, January 13, 1905, page 55), that plague is essentially a rat disease; nor do they materially conflict with his further idea that the rat flea is largely responsible for the communication of the disease between rat and man. Doctor Hunter appears to believe, upon what seems to be inadequate evidence, that the alimentary canal is the point of infection, while